

DATE:

TO:

FROM:       Name, CORR Project Manager

RE:           Professional Services Agreement Information

Please fill in the necessary information for your firm in the form below and return this form along with the EXHIBITS to me by \_\_\_\_\_.

**LIST OF EXHIBITS**

- |               |  |
|---------------|--|
| (1) Exhibit A | “Services to be Performed by City”     |
| (2) Exhibit B | “Services to be Performed by Engineer” |
| (3) Exhibit C | “Work Schedule”                        |
| (4) Exhibit D | “Fee Schedule”                         |
| (5) Exhibit E | “Work Authorizations”                  |
| (6) Exhibit F | “Certificates of Insurance”            |

**INFORMATION FOR PROFESSIONAL SERVICES AGREEMENT**

<b>Project Name</b>	
<b><u>Professional Service Info.:</u></b>	<b><u>Professional Service Info.:</u></b>
Name of Professional Service Provider	
Principal Business Address	
Agreement Termination Date	
Cost of the Service	
All notices to be mailed to following <b>contact and address</b>	
Signature Block for Engineer	
Name of the Engineer/Title	
Telephone	
Fax	
E-mail	
<b><u>CORR Info:</u></b>	<b><u>CORR Info:</u></b>
CORR-Project Manager	
Address	
Telephone	
Fax	
E-mail	